

2007

CT0178352

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2006**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007**

- B** Check if applicable:
- ☐ Address change
  - ☐ Name change
  - ☐ Initial return
  - ☐ Final return
  - ☐ Amended return
  - ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
ConnectEd The California Center for College and Career

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2150 Shattuck Avenue No 1200

City or town, state or country, and ZIP + 4  
Berkeley, CA 94704

**D** Employer identification number

20-4781979

**E** Telephone number

(510) 849-4945

**F** Accounting method ☐ Cash ☒ Accrual

☐ Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Web site: www.connectedcalifornia.org

**J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes" enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number: \_\_\_\_\_

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,988,715

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received			
	<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
	<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	1,903,836	
	<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>		
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,903,836 noncash \$ _____)		<b>1e</b>	1,903,836
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>	
	<b>3</b>	Membership dues and assessments		<b>3</b>	
	<b>4</b>	Interest on savings and temporary cash investments		<b>4</b>	84,879
	<b>5</b>	Dividends and interest from securities		<b>5</b>	
Revenue	<b>6a</b>	Gross rents	<b>6a</b>		
	<b>b</b>	Less rental expenses	<b>6b</b>		
	<b>c</b>	Net rental income or (loss) subtract line 6b from line 6a		<b>6c</b>	
	<b>7</b>	Other investment income (describe _____)		<b>7</b>	
	<b>8a</b>	<b>(A) Securities</b>		<b>(B) Other</b>	
		<b>8a</b>			
		<b>8b</b>			
		<b>8c</b>			
	<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)		<b>8d</b>	
	<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a		<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>		
	Less cost of goods sold		<b>10b</b>		
	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)		<b>11</b>		
<b>12</b>	<b>Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		<b>12</b>	1,988,715	
Expenses	<b>13</b>	Program services (from line 44, column (B))		<b>13</b>	1,162,818
	<b>14</b>	Management and general (from line 44, column (C))		<b>14</b>	152,577
	<b>15</b>	Fundraising (from line 44, column (D))		<b>15</b>	
	<b>16</b>	Payments to affiliates (attach schedule)		<b>16</b>	
	<b>17</b>	<b>Total expenses</b> Add lines 13 and 14, column (A)		<b>17</b>	2, 15,395
Net Assets	<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12		<b>18</b>	- 26,680
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	19,211
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)		<b>20</b>	4, 06,579
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18, 19, and 20		<b>21</b>	4, 99,110

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**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>				
<b>22b</b>	Other grants and allocations (attach schedule) <input checked="" type="checkbox"/> (cash \$ 5,000 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	5,000	5,000		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	197,011	49,253	147,758	
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	389,296	389,296		
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	11,025		11,025	
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	75,192		75,192	
<b>29</b>	Payroll taxes	<b>29</b>	36,748		36,748	
<b>30</b>	Professional fundraising fees	<b>30</b>				
<b>31</b>	Accounting fees	<b>31</b>	13,695		13,695	
<b>32</b>	Legal fees	<b>32</b>	30,965		30,965	
<b>33</b>	Supplies	<b>33</b>	13,563	7,609	5,954	
<b>34</b>	Telephone	<b>34</b>	6,790	4,164	2,626	
<b>35</b>	Postage and shipping	<b>35</b>	4,032	3,157	875	
<b>36</b>	Occupancy	<b>36</b>	48,642		48,642	
<b>37</b>	Equipment rental and maintenance	<b>37</b>	5,020		5,020	
<b>38</b>	Printing and publications	<b>38</b>	5,553	3,588	1,965	
<b>39</b>	Travel	<b>39</b>	81,997	61,267	20,730	
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	305		305	
<b>41</b>	Interest	<b>41</b>				
<b>42</b>	Depreciation, depletion, etc. (attach schedule) <input checked="" type="checkbox"/>	<b>42</b>	1,045		1,045	
<b>43</b>	Other expenses not covered above (itemize)					
<b>a</b>	See Additional Data Table	<b>43a</b>				
<b>b</b>		<b>43b</b>				
<b>c</b>		<b>43c</b>				
<b>d</b>		<b>43d</b>				
<b>e</b>		<b>43e</b>				
<b>f</b>		<b>43f</b>				
<b>g</b>		<b>43g</b>				
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	2,215,395	1,362,818	852,577	0

**Joint Costs.** Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► ConnectEd's mission is to effect positive change in the education programs of California's high schools. To do so, we will foster discussion among policy-makers and seek to identify, support and expand pathways that prepare students for college and career, not one or the other. By pioneering groundbreaking school programs and partnering with innovative educators and decision makers, ConnectEd will help to provide the next generation of young adults with the knowledge and skills needed to successfully compete in California's growing and dynamic economy.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> See Additional Data Table</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►</p>	<p>1,362,818</p>

**Part IV Balance Sheets (See the instructions.)**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing . . . . .	167,308	45	250,931
46	Savings and temporary cash investments . . . . .	746,806	46	2,507,386
47a	Accounts receivable . . . . .	47a		
b	Less allowance for doubtful accounts . . . . .	47b	47c	
48a	Pledges receivable . . . . .	48a		
b	Less allowance for doubtful accounts . . . . .	48b	48c	
49	Grants receivable . . . . .		49	3,882,466
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B)) (attach schedule) . . . . .		50b	
51a	Other notes and loans receivable (attach schedule) . . . . .	51a		
b	Less allowance for doubtful accounts . . . . .	51b	51c	
52	Inventories for sale or use . . . . .		52	
53	Prepaid expenses and deferred charges . . . . .		53	
54a	Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a	Investments—land, buildings, and equipment basis . . . . .	55a		
b	Less accumulated depreciation (attach schedule) . . . . .	55b	55c	
56	Investments—other (attach schedule) . . . . .		56	
57a	Land, buildings, and equipment basis . . . . .	57a	5,381	
b	Less accumulated depreciation (attach schedule) . . . . .	57b	1,172	
		5,097	57c	4,209
58	Other assets, including program-related investments (describe <input type="checkbox"/> )		58	2,150
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	919,211	59	6,647,142
60	Accounts payable and accrued expenses . . . . .		60	1,416,621
61	Grants payable . . . . .		61	331,411
62	Deferred revenue . . . . .		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
64a	Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
b	Mortgages and other notes payable (attach schedule) . . . . .		64b	
65	Other liabilities (describe <input type="checkbox"/> )		65	
66	<b>Total liabilities</b> Add lines 60 through 65 . . . . .	0	66	1,748,032
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted . . . . .	919,211	67	4,899,110
68	Temporarily restricted . . . . .		68	
69	Permanently restricted . . . . .		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
70	Capital stock, trust principal, or current funds . . . . .		70	
71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
73	<b>Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	919,211	73	4,899,110
74	<b>Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	919,211	74	6,647,142

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b>		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GARY HOACHLANDER 2150 Shattuck Avenue Berkeley, CA 94704	PRESIDENT 25 00	145,074	51,937	0
TED MITCHELL 2150 Shattuck Avenue Berkeley, CA 94704	CHAIR OF THE BOARD OF DIRECTORS 1 00	0	0	0
JEANNINE OAKS 2150 Shattuck Avenue Berkeley, CA 94704	DIRECTOR 1 00	0	0	0
PAUL HUDSON 2150 Shattuck Avenue Berkeley, CA 94704	DIRECTOR 1 00	0	0	0
RAMON CORTINES 2150 Shattuck Avenue Berkeley, CA 94704	DIRECTOR 1 00	0	0	0

Yes	No
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75b	Yes
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75c	Yes	
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75d	Yes	
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<b>75d</b>	Yes	
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**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76	No
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77		No

78a	No
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78b		
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79	No
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80a	No
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[illegible]

**81a**

81b	No
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**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a Yes	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a Yes	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	85a	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.		
<b>c</b>	Dues assessments, and similar amounts from members	85c	
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter a Initiation fees and capital contributions included on line 12	86a	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter a Gross income from members or shareholders	87a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	No
<b>b</b>	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI.	88b	No
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	No
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
<b>f</b>	<b>All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
<b>90a</b>	List the states with which a copy of this return is filed <u>CA</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	0
<b>91a</b>	The books are in care of <u>Terry Ross</u> Telephone no <u>(510) 849-4945</u> 2150 Shattuck Avenue Located at <u>Berkeley, CA</u> ZIP + 4 <u>94704</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	No
	If "Yes," enter the name of the foreign country <u></u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	84,879	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				84,879	
105 Total (add line 104, columns (B), (D), and (E))					84,879

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)


**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

<b>106</b>	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer
	(D) Amount of transfer		
	Totals		

<b>107</b>	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer
	(D) Amount of transfer		
	Totals		

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	*****		
	Signature of officer	2008-08-14 Date	
	GARY HOACHLANDER PRESIDENT Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	MOSS ADAMS LLP 3121 W March Ln Suite 100 Stockton, CA 95219		Phone no (209) 955-6100	

**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**Department of the  
Treasury  
Internal Revenue  
ServiceName of the organization  
ConnectEd The California Center for  
College and Career**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006****Employer identification number**

20-4781979

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSE HERNANDEZ 2150 Shattuck Avenue BERKELEY, CA 94704	SENIOR RESEARCHER 40 00	76,667	25,305	0
PIER HO 2150 Shattuck Avenue BERKELEY, CA 94704	SENIOR ASSOCIATE 40 00	79,000	26,075	0
ARLENE LAPLANTE 2150 Shattuck Avenue BERKELEY, CA 94704	PROGRAM DIRECTOR 40 00	64,167	21,179	0
ROMAN STEARNS 2150 Shattuck Avenue BERKELEY, CA 94704	PROGRAM DIRECTOR 40 00	120,000	39,608	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
mPR ASSOCIATES 2150 Shattuck Avenue BERKELEY, CA 94704	program research and analysis	749,418
MPR ASSOCIATES 2150 Shattuck Avenue BERKELEY, CA 94704	HR AND SUPPORT SERVICES	485,250
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		


**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
--	-----	----

- 1** During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )

<b>1</b>		No
----------	--	----

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 

**a** Sale, exchange, or leasing property?

<b>2a</b>	Yes	
-----------	-----	--

**b** Lending of money or other extension of credit?

<b>2b</b>		No
-----------	--	----

**c** Furnishing of goods, services, or facilities?

<b>2c</b>	Yes	
-----------	-----	--

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

<b>2d</b>	Yes	
-----------	-----	--

**e** Transfer of any part of its income or assets?

<b>2e</b>		No
-----------	--	----

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

<b>3a</b>		No
-----------	--	----

**b** Did the organization have a section 403(b) annuity plan for its employees?

<b>3b</b>	Yes	
-----------	-----	--

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or structures? If "Yes" attach a detailed statement.

<b>3c</b>		No
-----------	--	----

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

<b>3d</b>		No
-----------	--	----

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.

<b>4a</b>		No
-----------	--	----

**b** Did the organization make any taxable distributions under section 4966?

<b>4b</b>		
-----------	--	--

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

<b>4c</b>		
-----------	--	--

**d** Enter the total number of donor advised funds owned at the end of the tax year

► \_\_\_\_\_

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0 \_\_\_\_\_

**g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

► 0 \_\_\_\_\_

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I    ☐ Type II    ☐ Type III - Functionally Integrated    ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	1,000,000				1,000,000
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,392				6,392
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	1,006,392				1,006,392
<b>24</b> Line 23 minus line 17	1,006,392				1,006,392
<b>25</b> Enter 1% of line 23	10,064				

<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	20,128
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts	<b>26b</b>	979,872
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)	<b>26c</b>	1,006,392
<b>d</b> Add Amounts from column (e) for lines 18 <u>6,392</u> 19 <u>0</u> 22 <u>                    </u> 26b <u>979,872</u>	<b>26d</b>	986,264
<b>e</b> Public support (line 26c minus line 26d total)	<b>26e</b>	20,128
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))	<b>26f</b>	200.00 %

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year  
 (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year  
 (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

<b>c</b> Add Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>	<b>27c</b>	
<b>d</b> Add Line 27a total <u>                    </u> and line 27b total <u>                    </u>	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total)	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e) <b>27f</b> <u>                    </u>	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	<b>27g</b>	
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	<b>27h</b>	

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		0
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		0
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		0
<b>39</b> Other exempt purpose expenditures	<b>39</b>		2,215,395
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		2,215,395
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	<b>41</b>		260,770
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		65,193
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount	260,770	0	0	0	260,770
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					391,155
<b>47</b> Total lobbying expenditures	0	0	0	0	0
<b>48</b> Grassroots nontaxable amount	65,193	0	0	0	65,193
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					97,790
<b>50</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Exempt Organizations** (See page 13 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- |        |    |
|--------|----|
| 51a(i) | NP |
|--------|----|

- |       |  |    |
|-------|--|----|
| a(i)  |  | No |
| a(ii) |  | No |

a(1)		NS

- | LOC | NAME |
|-----|------|
|-----|------|

- |             |  |           |
|-------------|--|-----------|
| <b>b(1)</b> |  | <b>No</b> |
| 1-1111      |  | 11        |

- |              |  |           |
|--------------|--|-----------|
| <b>b(ii)</b> |  | <b>No</b> |
|              |  |           |

- |               |  |           |
|---------------|--|-----------|
| <b>b(iii)</b> |  | <b>No</b> |
|---------------|--|-----------|

- |              |  |    |
|--------------|--|----|
| <b>b(iv)</b> |  | No |
|--------------|--|----|

- |             |  |    |
|-------------|--|----|
| <b>b(v)</b> |  | No |
|-------------|--|----|

<b>b(vi)</b>		No
--------------	--	----

goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

**b** If "Yes," complete the following schedule

[illegible]

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 20-4781979

**Name:** ConnectEd The California Center for  
College and Career

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> CONSULTANTS	<b>43a</b>	118,872	118,872		
<b>b</b> SMALL EQUIPMENT AND SOFTWARE	<b>43b</b>	5,727		5,727	
<b>c</b> RECRUITING	<b>43c</b>	6,784		6,784	
<b>d</b> LABOR	<b>43d</b>	43,824		43,824	
<b>e</b> CONTRACT SERVICES	<b>43e</b>	40,889		40,889	
<b>f</b> training	<b>43f</b>	422		422	
<b>g</b> bank charges	<b>43g</b>	1,441		1,441	
<b>h</b> CONTRACTED PERSONNEL SERVICES	<b>43h</b>	1,037,657	700,165	337,492	
<b>i</b> WORKERS COMP INSURANCE	<b>43i</b>	5,383		5,383	
<b>j</b> BENEFITS ADMINISTRATION	<b>43j</b>	2,824		2,824	
<b>k</b> DUES & SUBSCRIPTIONS	<b>43k</b>	228		228	
<b>l</b> MISCELLANEOUS	<b>43l</b>	2,266		2,266	
<b>m</b> PAYROLL SERVICE	<b>43m</b>	404		404	
<b>n</b> BUSINESS TAXES	<b>43n</b>	322		322	
<b>o</b> BUSINESS INSURANCE	<b>43o</b>	2,026		2,026	
<b>p</b> OTHER DIRECT program expense	<b>43p</b>	20,447	20,447		

**Form 990, Part III - Program Service Accomplishments:**

<p><b>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</b></p>	<p><b>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</b></p>
<p><b>a</b> Model Pathways program area Developed the first integrated units for academic teachers participating in the biomedical and health sciences pathway Convened an advisory committee of educators and industry representatives to begin planning the development of a pathway and curriculum for arts, media, and entertainment Developed an evaluation framework for model programs and schools</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>691,331</p>
<p><b>b</b> Policy Analysis and Development Assembled a database on California's Partnership Academies Began analysis of state data on student participation in CTE programs, career academies, and regional occupational programs in order to produce a descriptive summary of student participation in secondary CTE in California</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>415,189</p>
<p><b>c</b> Institutes &amp; Professional Development Develop and assess programs with network high schools that promote both college and vocation training Gather feedback for further development and evaluate programs success rate</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>115,695</p>
<p><b>d</b> Resource Center Gather data to assist ConnectEd's other program areas and assess the effectiveness of those programs Information gathered will be available to grant recipient schools and administrators</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>135,603</p>
<p><b>e</b> Donation to educational charities</p> <p>(Grants and allocations \$ 5,000) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>5,000</p>

**TY 2006 Cash Grants Paid Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

<b>Class of Activity</b>	<b>Recipient's name</b>	<b>Address</b>	<b>Amount</b>	<b>Relationship</b>
GRANT	PALMDALE HIGH SCHOOL			NETWORK OF SCHOOLS
GRANT	EAST SAN GABRIEL VALLEY HIGH SCHOOL			NETWORK OF SCHOOLS
GRANT	ARTHUR A BENJAMIN HIGH SCHOOL			NETWORK OF SCHOOLS
GRANT	ALLIANCE FOR EDUCATION			NETWORK OF SCHOOLS
GRANT	LANCASTER HIGH SCHOOL			NETWORK OF SCHOOLS
GRANT	LAGUNA CREEK HIGH SCHOOL			NETWORK OF SCHOOLS
operation grant	george lucas education foundation	po box 3494 san rafael, CA 94912	5,000	none

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2006 Compensation Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
gary hoachlander	MPR Associates	94-2816955	substantial influence over both organizations				

# **TY 2006 Depreciation and Depletion Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Asset	Amount
Lobby Sign	1,045

**TY 2006 Land etc. Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Lobby Sign	5,224	1,172	4,052
HALLWAY SIGN	157		157

## TY 2006 Other Assets Schedule

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS		2,150

# **TY 2006 Other Changes in Net Assets Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Description	Amount
adjustment to balance sheet for cash to accrual change	4,206,579

# **TY 2006 Relationship Schedule**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
Gary Hoachlander	President	MPR Associates	Independent contractor	Gary Hoachlander is the President of ConnectEd and of MPR Associates MPR Associates is an independent contractor on Schedule A, part II ConnectEd has a resource sharing arrangement with MPR Associates and reimburses MPR Associates for Dr Hoachlander's time under that resource sharing arrangement

# **TY 2006 Self Dealing Statement**

**Name:** ConnectEd The California Center for  
College and Career

**EIN:** 20-4781979

Line Number	Explanation
2a	CONNECTED LEASES OFFICE AND PROGRAM SPACE FROM MPR ASSOCIATES AT THE SAME RATE MPR ASSOCIATES IS LEASING THE SPACE FROM THE OWNERS OF THE BUILDING.

Line Number	Explanation
2c	MPR ASSOCIATES IS A FOR-PROFIT ORGANIZATION THAT WAS INSTRUMENTAL IN THE FORMATION OF CONNECTED. MPR ASSOCIATES PROVIDES A RANGE OF STAFF AND SUPPORT SERVICES TO CONNECTED. CONNECTED PAYS AN OVERHEAD RATE FOR THESE SERVICES THAT IS LESS THAN FAIR MARKET VALUE CHARGED BY MPR ASSOCIATES TO OTHER GOVERNMENTAL AND FOR-PROFIT CUSTOMERS. THE PRESIDENT OF CONNECTED IS ALSO THE PRESIDENT AND PART OWNER OF MPR ASSOCIATES, BUT DOES NOT HAVE VOTING POWER ON THE BOARD OF CONNECTED. VOTING BOARD MEMBERS OF CONNECTED ARE NOT AFFILIATED WITH MPR ASSOCIATES; MPR ASSOCIATES HAS NO CONTROL OVER THE BOARD OR OPERATIONS OF CONNECTED, AND MPR ASSOCIATES IS NOT RESPONSIBLE FOR THE work PRODUCT GENERATED BY CONNECTED.

Line Number	Explanation
2d	MPR Associates and ConnectEd have a resource sharing arrangement whereby ConnectEd reimburses MPR Associates for ConnectEd's president's time spent on connected business. the reimbursement under the resource sharing arrangement is based on a percentage-of-hours worked by the president between mpr associates business and connected business at cost.